

Maryland Comprehensive Cancer Control Plan
Implementation Reporting Tool

This tool is designed to assist the Maryland Cancer Collaborative and Department of Health and Mental Hygiene to collect success stories and records of the implementation of goals, objectives, and strategies from the Maryland Comprehensive Cancer Control Plan. The completion of this tool will assist staff to monitor and report on cancer prevention and control activities that are carried out in Maryland. Please share a project related to a goal, objective, or strategy from the Plan that you would like to highlight. Your project may be considered for future statewide recognition; if so, you will be contacted for more information.

This form was completed by: _____

Date Submitted: _____

Program/Organization: _____

Contact E-mail: _____

Contact Phone: _____

Project Name: _____

Project Objective: _____

Relevant Cancer Plan Chapter: _____

Relevant Cancer Plan Goal/Objective: _____

Relevant Cancer Plan Strategy: _____

Did participation on the Maryland Cancer Collaborative inspire, inform, or in any way impact this project: ☐ Yes ☐ No

Strategy is: ☐ On-going ☐ One-time event

Strategy status as of _____ (insert date):

☐ Not achieved

☐ Partially achieved

☐ Fully achieved

☐ Other (explain): _____

RETURN FORM TO:

ASHLEY HOPKINS, MARYLAND COMPREHENSIVE CANCER CONTROL PROGRAM

201 W PRESTON ST, 3RD FLOOR, BALTIMORE, MD 21201

P: 410-767-9876 * F: 410-333-5371 * ashley.hopkins@maryland.gov